Bureau of Health Care Quality & Compliance

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | NVS3562AGC | A. BUILDING _____ B. WING _____ | 10/15/2008 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE ROSE OF LOGGERS MILL | 8920 LOGGERS MILL AVE LAS VEGAS, NV 89143 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| Y 000 | Initial Comments<br><br>This Statement of Deficiencies was generated as a result of an annual State licensure survey and complaint investigation conducted in your facility on October 15, 2008.<br><br>This survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.<br><br>The census at the time of the survey was six. Six resident files, four employee files and one closed file reviewed.<br><br>Complaint #NV00018014 - Unsubstantiated.<br><br>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that my be available to any party under applicable federal, state or local laws.<br><br>The following deficiencies were identified at the time of the survey. | Y 000 | | |
| Y 067 SS=F | 449.196(1)(c) Qualifications of Caregiver- Read regulation<br><br>NAC 449.196<br>1. A caregiver of a residential facility must:<br>(c) Understand the provisions of NAC 449.156 to 449.2766, inclusive, and sign a statement that he has read those provisions. | Y 067 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | NVS3562AGC | A. BUILDING _____ B. WING _____ | 10/15/2008 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE ROSE OF LOGGERS MILL | 8920 LOGGERS MILL AVE LAS VEGAS, NV 89143 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| Y 067 | Continued From page 1<br><br>This Regulation is not met as evidenced by:<br>Based on employee file review, the facility failed to ensure the files for 3 of 4 employees (#2, #3, #4) contained evidence the employees read and understood the regulations related to residential group care.<br><br>Findings include:<br><br>The file for Employee #2, hired 1/8/08, revealed no documented evidence to ensure that the employee had read and understood the regulations.<br><br>The file for Employee #3, hired 1/8/08, revealed no documented evidence to ensure that the employee had read and understood the regulations.<br><br>The file for Employee #4, hired 10/10/08, revealed no documented evidence to ensure that the employee had read and understood the regulations.<br><br>Severity: 2 Scope: 3 | Y 067 | | |
| Y 070 SS=D | 449.196(1)(f) Qualifications of Caregiver-8 hours training<br><br>NAC 449.196<br>1. A caregiver of a residential facility must:<br>(f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. | Y 070 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | NVS3562AGC | A. BUILDING _____ B. WING _____ | 10/15/2008 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE ROSE OF LOGGERS MILL | 8920 LOGGERS MILL AVE LAS VEGAS, NV 89143 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| Y 070 | Continued From page 2<br><br>This Regulation is not met as evidenced by:<br>Based on employee file review, the facility failed to ensure the file for 1 of 4 employees (#3) contained evidence of 8 hours year annual training.<br><br>Findings include:<br><br>The file for Employee #3, hired 1/8/08, revealed the last evidence of training related to the needs of the residents (Alzheimer) was dated on 7/28/07. There was no documented evidence of any additional training following this date.<br><br>Severity: 2 Scope: 1 | Y 070 | | |
| Y 104 SS=F | 449.200(1)(e) Personnel File - References<br><br>NAC 449.200<br>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:<br>(e) Evidence that the references supplied by the employee were checked by the residential facility.<br><br>This Regulation is not met as evidenced by:<br>Based on employee file review, the facility failed to ensure reference checks for 2 of 4 employees (#2, #4) were obtained at the time of hire.<br><br>Findings include:<br><br>The file for Employee #2, hired in 1/8/08, revealed no documented evidence reference checks were obtained by the facility and maintained in the file. | Y 104 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | NVS3562AGC | A. BUILDING _____ B. WING _____ | 10/15/2008 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE ROSE OF LOGGERS MILL | 8920 LOGGERS MILL AVE LAS VEGAS, NV 89143 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| Y 104 | Continued From page 3<br><br>The file for Employee #4, hired in 10/10/08, revealed no documented evidence reference checks were obtained by the facility and maintained in the file.<br><br>Severity: 2 Scope: 3 | Y 104 | | |
| Y 105 SS=F | 449.200(1)(f) Personnel File - Background Check<br><br>NAC 449.200<br>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:<br>(f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.<br><br>This Regulation is not met as evidenced by:<br>Based on employee file review, the facility failed to ensure the files for 4 of 4 employees (#1, #2, #3, #4) had completed background checks.<br><br>Findings include:<br><br>The file for Employee #1, hired 1/8/08, revealed a copy of her fingerprints dated 3/11/08, and a signed criminal affidavit. However, the file did not contain evidence the fingerprints were cleared.<br><br>The file for Employee #2, hired 1/8/08, revealed no documented evidence of a signed criminal affidavit maintained in the file or available for review.<br><br>The file for Employee #3, hired 1/8/08, revealed no documented evidence of a signed criminal affidavit maintained in the file or available for review. | Y 105 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | NVS3562AGC | A. BUILDING _____ B. WING _____ | 10/15/2008 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE ROSE OF LOGGERS MILL | 8920 LOGGERS MILL AVE LAS VEGAS, NV 89143 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| Y 105 | Continued From page 4<br><br>The file for Employee #4, hired 10/10/08, revealed a copy of her fingerprints dated 6/23/08, however, there was no documented evidence of a signed criminal affidavit and evidence of fingerprint clearance in the file.<br><br>Severity: 2 Scope: 3 | Y 105 | | |
| Y 106 SS=D | 449.200(2)(a) Personnel File - 1st aid & CPR<br><br>NAC 449.200<br>2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1,<br>(a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.<br><br>This Regulation is not met as evidenced by:<br>Based on employee file review, the facility failed to ensure the file for 1 of 4 employees (#3) contained evidence of a current first aid and cardiopulmonary resuscitation card (CPR).<br><br>Findings include:<br><br>The file for Employee #3, revealed no documented evidence of a current first aid and CPR card. The file did contain a card which expired on 6/30/08.<br><br>Severity: 2 Scope: 1 | Y 106 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | NVS3562AGC | A. BUILDING _____ B. WING _____ | 10/15/2008 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE ROSE OF LOGGERS MILL | 8920 LOGGERS MILL AVE LAS VEGAS, NV 89143 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| Y 870 | Continued From page 5 | Y 870 | | |
| Y 870 SS=D | 449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration<br><br>NAC 449.2742<br>1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall:<br>(a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility:<br>(1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident.<br><br>This Regulation is not met as evidenced by:<br>Based on resident file review, the facility failed to ensure the file for 1 of 6 residents (#5) had evidence of the required medication review.<br><br>Findings include:<br><br>The file of Resident #5, admitted 2/1/08, revealed no documented evidence of that a medication review completed by a medical professional after the first six months following admission to the facility.<br><br>Severity: 2 Scope: 1 | Y 870 | | |
| YA930 SS=F | 449.2749(1)(a-j) Resident File | YA930 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | NVS3562AGC | A. BUILDING _____ B. WING _____ | 10/15/2008 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE ROSE OF LOGGERS MILL | 8920 LOGGERS MILL AVE LAS VEGAS, NV 89143 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| YA930 | Continued From page 6<br><br>NAC 449.2749<br>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:<br>(a) The full name, address, date of birth and social security number of the resident.<br>(b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him.<br>(c) A statement of the resident's allergies, if any, and any special diet or medication he requires.<br>(d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes:<br>(1) A description of any medical conditions which require the performance of medical services;<br>(2) The method in which those services must be performed; and<br>(3) A statement of whether the resident is capable of performing the required medical services.<br>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.<br>(f) The types and amounts of protective supervision and personal services needed by the resident.<br>(g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: | YA930 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | NVS3562AGC | A. BUILDING _____ B. WING _____ | 10/15/2008 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE ROSE OF LOGGERS MILL | 8920 LOGGERS MILL AVE LAS VEGAS, NV 89143 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| YA930 | Continued From page 7<br>(1) Upon the admission of the resident;<br>(2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and<br>(3) In any event, not less than once each year.<br>(h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident.<br>(i) The name and telephone number of the vendors and medical professionals that provide services for the resident.<br>(j) A document signed by the administrator of the facility when the resident permanently leaves the facility.<br><br>This Regulation is not met as evidenced by:<br>Based on resident file review, the facility failed to ensure the files for 2 of 6 residents (#4, #5) were complete and accurate.<br><br>Findings include:<br><br>The file of Resident #4, admitted 8/30/08, revealed no documented evidence an initial two-step tuberculosis skin test was completed upon admission or within the past year of admission.<br><br>The file of Resident #5, admitted 2/1/08, revealed no documented evidence of an initial physical examination upon admission to the facility.<br><br>Severity: 2 Scope: 3 | YA930 | | |